

BB

**U.S. Department of Justice
United States Marshals Service**

PROCESS RECEIPT AND RETURN

PLAINTIFF STEVE JACKSON	COURT CASE NUMBER 08 C 2520
DEFENDANT SHERIFF TOM DART, ETAL.	TYPE OF PROCESS SUMMONS & COMPLAINT
SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN MR. MARTINEZ, CRW-SOCIAL WORKER AT COOK COUNTY JAIL <small>ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)</small> 2701 SOUTH CALIFORNIA AVENUE - CHICAGO, IL 60608 , <i>Legal Dept. 2nd flr. Div. 5</i>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	
<div style="border: 1px solid black; padding: 5px; min-height: 100px;"> STEVE JACKSON - #2006-0060297 COOK COUNTY JAIL P.O. BOX 089002 CHICAGO, ILLINOIS 60608 </div>	
Number of process to be served with this Form 285 1 Number of parties to be served in this case 11 Check for service on U.S.A. X	

SPBCIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN PREDICTING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

FILED

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:

PLAINTIFF TELEPHONE NUMBER

DATE

DEFENDANT

07-10-08

AUG 05 2008 RC

Aug 5, 2008

MICHAEL W. DOBBINS

CLERK, U.S. DISTRICT COURT

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process 10-11	District of Origin No. 24	District to Serve No. 24	Signature of Authorized USMS Deputy or Clerk <i>RT.</i>	Date 07-10-08
------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------	------------------------------	-----------------------------	---------------------------------------------------------	-------------------------

I hereby certify and return that I have personally served have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

Ronna Fernando

A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date **1/21/08** Time **12** am pm
Signature of U.S. Marshal or Deputy *[Signature]*

Service Fee	Total Mileage Charges including <i>endeavors</i>)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund**)
-------------	----------------------------------------------------	----------------	---------------	------------------	------------------------------------------------------

One Service fee charged same cost + Wmtn. See process sheet # 2 for charges

REMARKS: *Sheet # 2 for charges*

PRINT 5 COPIES

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED